

Missouri Business Education Association

Fifteenth Annual Fall Conference

November 17-18, 2006

The Resort at Port Arrowhead, Lake Ozark

PRESENTATION FORM

Please mail, e-mail, or fax this form to Jerri Snodgrass at P.O. Box 480, Jefferson City, MO 65102; email: jerri.snodgrass@dese.mo.gov, or fax: (573) 526-4261. Please complete ALL entries of this form.

A. CONTACT INFORMATION

Name:

Home Address (Include Street/P.O. Box, City, State, ZIP):

Home Telephone Number: Home E-Mail Address:

Company/School:

Work Address (Include Street/P.O. Box, City, State, ZIP):

Work Telephone Number:

Work E-Mail Address:

C. PRESENTATION TITLE (as you want it printed in the program):

D. PRESENTATION DESCRIPTION (as you want it printed in the program):

E. EQUIPMENT YOU ARE BRINGING:

F. EQUIPMENT NEEDED (Screens will be provided; we do not provide computers, computer projection systems or VCR's/TV's.):

G. TARGET AUDIENCE: (Circle appropriate levels.)

Middle School ☐

Secondary ☐

Postsecondary ☐

All Levels ☐